

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/537,115
Filing Date	03/20/2006
First Named Inventor	Aleksandr Kolesnikov
Art Unit	
Examiner Name	
Attorney Docket Number	016002-004310US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

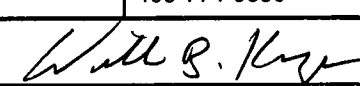
The reasons for this request are: Our client is consolidating their portfolio.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Rita Charles		
Address	995 E. Arques Avenue		
City	Sunnyvale	State CA	Zip 94085-4521
Country	The United States		
Telephone	408-774-0330	Email	rcharles@pcyc.com
Signature			
Name	William B. Kezer	Registration No.	37,369
Date	8-28-07	Telephone No.	925-472-5000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.